

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

5 Year Plan for Fiscal Years 2003 -2007  
Annual Plan for Fiscal Year 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

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**PHA Plan  
Agency Identification**

**PHAName:**    **Fayetteville Metropolitan Housing Authority**

**PHANumber:**    **NC009**

**PHAFiscalYearBeginning:(mm/yyyy)**    **10/2003**

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below )

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2002 - 2007**  
[24CFRPart903.5]

**A.Mission**

State the PHA's mission for serving the needs of low -income, very low income, and extremely low -income families in the PHA's jurisdiction. (select one of the choices below)

☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☐ The PHA's mission is: (state mission here)

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include targetssuch as: numbers of families served or PHAS scores achieved.) PHA should identify these measures in the space to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

☒ PHA Goal: Expand the supply of assisted housing  
Objectives:

☒ Apply for additional rental vouchers:

☒ Reduce public housing vacancies:

☐ Leverage private or other public funds to create additional housing opportunities:

☐ Acquire or build units for redevelopment:

☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing  
Objectives:

☒ Improve public housing management: (PHA Score) **96**

☒ Improve voucher management: (SEMAP score) **100**

☒ Increase customer satisfaction:

☒ Concentrate one effort to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)

- X      Renovate or modernize public housing units:
  - ☐      Demolish or dispose of obsolete public housing:
  - ☐      Provide replacement public housing:
  - ☐      Provide replacement vouchers:
  - ☐      Other: (list below)
- 
- X      PHA Goal: Increase assisted housing choices
  - Objectives:
  - X      Provide voucher mobility counseling:
  - X      Conduct outreach effort to potential voucher landlords
  - ☐      Increase voucher payment standards
  - ☐      Implement voucher homeownership program:
  - ☐      Implement public housing or other homeownership programs:
  - ☐      Implement public housing site -based waiting lists:
  - ☐      Convert public housing to vouchers:
  - ☐      Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- X      PHA Goal: Provide an improved living environment
- Objectives:
- X      Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- X      Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐      Implement public housing security improvements:
- ☐      Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐      Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- X      PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- X      Increase the number and percentage of employed persons in assisted families:
- X      Provide or attract supportive services to improve assistance recipients' employability:

- X Provide or attract support services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
  - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
  - ☐ Undertake affirmative measures to ensure accessible housing to persons with a variety of disabilities regardless of unit size required:
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**AnnualPHAPlan**  
**PHAFiscalYear2003**  
[24CFRPart903.7]

**i. AnnualPlanType:**

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

**Streamlined Plan:**

- ☒ **High Performing PHA**  
☐ **Small Agency (<250 Public Housing Units)**  
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24CFRPart903.79(r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**iii. Annual Plan Table of Contents**

[24CFRPart903.79(r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

#### Required Attachments:

- ☒ Admissions Policy for Deconcentration  
☒ FY2002 Capital Fund Program Annual Statement  
☐ Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY )

#### Optional Attachments:

- ☐ PHA Management Organizational Chart  
☒ FY2001 Capital Fund Program 5 Year Action Plan  
☐ Public Housing Drug Elimination Program (PHDEP) Plan  
☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)  
☒ Other (List below, providing each attachment name)

**Deconcentration Statement**  
**Voluntary Conversion Statement**  
**Mission & Goal Statement**  
**Consistency w/ Consolidation Plan**

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
•	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
•	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
•	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	housing choice in the housing programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
•	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support state ment of housing needs in the jurisdiction	Annual Plan: Housing Needs
•	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
•	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
•	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
•	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/ 99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
•	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
•	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
•	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
•	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
•	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
•	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
•	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
•	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
•	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
•	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
•	Other supporting documents (optional) (list individually; use as many lines as necessary) X Deconcentration Statement X Voluntary Conversion Statement X Mission & Goal Statement	(specify as needed)

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	X Consistency w/ Consolidated Plan Statement	

## **1.StatementofHousingNeeds**

[24CFRPart903.79(a)]

### **A.HousingNeedsofFamiliesintheJurisdiction/ sServedbythePHA**

BasedupontheinformationcontainedintheConsolidatedPlan/sapplicabletothejurisdiction,and/or otherdataavailabletothePHA,provideastatementofthehousingneedsinthejurisdictionby completingthefollowingtable.Int he“Overall”Needscolumn,providetheestimatednumberofrenter familiesthathavehousingneeds.Fortheremainingcharacteristics,ratetheimpactofthatfactoronthe housingneedsforeachfamilytype,from1to5,with1being“noimpact”and5 being“severeimpact.” UseN/Atoindicate thatnoinformationisavailableuponwhichthePHAcannmakethisassessment.

<b>HousingNeedsofFamiliesintheJurisdiction byFamilyType</b>							
FamilyType	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income<=30% ofAMI	667	3	4	3	3	3	3
Income>30% but <=50%ofAMI	116	3	4	3	3	3	3
Income>50% but <80%ofAMI	15	3	4	3	3	3	3
Elderly	21	3	4	3	3	3	3
Familieswith Disabilities	74	3	4	3	3	3	3
Race/EthnicityW	147	3	4	3	3	3	3
Race/EthnicityB	651	3	4	3	3	3	3
Race/EthnicityO	0						
Race/Ethnicity							

WhatsourcesofinformationdidthePHAusetoconductthisanalysis?(Checkallthat apply;allmaterials mustbemadeavailableforpublicinspection.)

- X ConsolidatedPlanoftheJu risdiction/s  
Indicateyear: **1998StateofNCandCityofFayetteville**  
**ConsolidatedPlans,LatestInformation**
- ☐ U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy  
 (“CHAS”)dataset
- ☐ AmericanHousingSurveydata  
Indicateyear:
- ☐ Otherhousingmarketstudy  
Indicateyear:
- X Othersources:(listandindicateyearofinformation)  
**PHAlocalsurvey2000**

## B. Housing Needsof FamiliesonthePublicHousingandSection8 Tenant-B asedAssistanceWaitingLists

State the housing needsof the families on the PHA's waiting list/s .Complete on one table for each type of PHA -wide waiting list administered by the PHA. PHA may provide separate tables for site -based or sub -jurisdictional public housing waiting lists at their option.

Housing Needsof FamiliesontheWaitingList			
Waiting list type:(select one)			
<input type="checkbox"/> Section 8 tenant -based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	281		63
Extremely low income <=30% AMI	205	73%	
Very low income (>30% but <=50% AMI)	59	21%	
Low income (>50% but <80% AMI)	17	06%	
Families with children	171	61%	
Elderly families	22	08%	
Families with Disabilities	36	13%	
Race/ethnicity B	205	73%	
Race/ethnicity H	5	02%	
Race/ethnicity W	68	24%	
Race/ethnicity O	3	01%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	101	36%	

Housing Needsof FamiliesontheWaitingList			
2BR	118	42%	
3BR	59	21%	
4BR	3	01%	
5BR			
5+BR			
Isthewaitinglistclosed(selectone)? <input type="checkbox"/> N oXYes Ifyes: Howlonghasitbeenenclosed(#ofmonths)? 12 DoesthePHAexpecttoreopenthelistinthePHAPlanyear?XNo <input type="checkbox"/> Yes DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. HousingNeedsofFamiliesonthePublicHousingandSection8 Tenant-BasedAssistanceWaitingLists

State the housing needs of the families on the PHA's waiting list/s. **.Complete one table for each type of PHA - wide waiting list administered by the PHA.** PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Need of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	419		124
Extremely low income <= 30% AMI		64%	
Very low income (>30% but <=50% AMI)	171	26%	
Low income (>50% but <80% AMI)	66	10%	
Families with children	531	81%	
Elderly families	72	11%	
Families with Disabilities	79	12%	
Race/ethnicity B	472	72%	
Race/ethnicity H	13	02%	
Race/ethnicity W	164	25%	
Race/ethnicity O	6	01%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			

### Housing Needsof FamiliesontheWaitingList

Isthewaitinglistclosed(selectone)? ☐NoXYes

Ifyes:

Howlonghasitbeenenclosed(#ofmonths)? 12

DoesthePHAexpecttoreopenthelistinthePHAPlanyear?XNo ☐Yes

DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif  
generallyclosed? ☐No ☐Yes

### C.StrategyforAddressingNeeds

ProvideabriefdescriptionofthePHA'sstrategyforaddressingthehousingneedsoffamiliesinthe jurisdictionandonthewaitinglist **INTHEUPCOMINGYEAR** ,andtheAgency'sreasonsfor choosingthisstrategy.

#### (1)Strategies

##### **Need:Shortageofaffordablehousingforalleligiblepopulations**

##### **Strategy1.MaximizethenumberofaffordableunitsavailabletothePHAwithin itscurrentresourcesby:**

Selectallthatapply

- ☒ Employeffective maintenanceandmanagementpoliciestominimizethe numberofpublichousingunitsoff -line
- ☒ Reduceturnovertimeforvacatedpublichousingunits
- ☒ Reducetimetorenovatepublichousingunits
- ☒ Seekreplacementofpublichousingunitslosttotheinventorythroughmixed financedevelopment
- ☒ Seekreplacementofpublichousingunitslosttotheinventorythroughsection 8replacementhousingresources
- ☒ Maintainorincreasesection8lease -upratesbyestablishingpaymentstandards thatwillenablefami liestorentthroughoutthejurisdiction
- ☒ Undertakemeasurestoensureaccesstoaffordablehousingamongfamilies assistedbythePHA,regardlessofunitsizerequired
- ☒ Maintainorincreasesection8lease -upratesbymarketingtheprogramto owners,pa rticularlythoseoutsideofareasofminorityandpoverty concentration
- ☒ Maintainorincreasesection8lease -upratesbyeffectivelyscreeningSection8 applicantstoincreaseowneracceptanceofprogram
- ☒ ParticipateintheConsolidatedPlandevelopment processtoensure coordinationwithbroadercommunitystrategies
- ☐ Other(listbelow)

##### **Strategy2:Increasethenumberofaffordablehousingunitsby:**

Selectallthatapply

- ☒ Applyforadditionalsection8unitsshouldtheybecomeavailable
- ☐ Leverageaffordablehousingresourcesinthecommunitythroughthecreation ofmixed -financehousing
- ☐ PursuehousingresourcesotherthanpublichousingorSection8tenant -based assistance.
- ☐ Oher:(listbelow)



**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose voucher targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose voucher targeted to families with disabilities, should they become available

- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty/minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

## **2. Statement of Financial Resources**

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant -based Section 8 assistance program administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations,

publichousingcapitalimprovements,publichousingsafety/security,publichousingsupportiveservices,  
Section8tenant -basedassistance,Section8supportive servicesorother.

<b>FinancialResources: PlannedSourcesandUses</b>		
<b>Sources</b>	<b>Planned\$</b>	<b>PlannedUses</b>
<b>1. FederalGrants(FY2000grants)</b>		
a) PublicHousingOperatingFund	<b>\$2,915,613.00</b>	
b) PublicHousingCapitalFund	<b>\$1,832,770.00</b>	
c) HOPEVIR revitalization		
d) HOPEVIDemolition		
e) AnnualContributionsforSection 8Tenant -BasedAssistance	<b>\$8,861,059.00</b>	
f) PublicHousingDrugElimination Program(includinganyTechnical Assistancefunds)		
g) ResidentOpportunityandSelf - SufficiencyGrants		
h) CommunityDevelopmentBlock Grant		
i) HOME		
OtherFederalGrants(listbelow)		
<b>2.PriorYearFederalGrants (unobligatedfundsonly)(list below)</b>		
2002CapitalFunds	<b>\$1,819,424.80</b>	
2001CapitalFunds	<b>\$548,369.02</b>	
<b>3.PublicHousingDwellingRental Income</b>	<b>\$1,543,172.00</b>	
<b>4.Otherincome (listbelow)</b>		
<b>4.Non -federalsources (listbelow)</b>		
<b>Totalresources</b>	<b>\$17,520,407.82</b>	

### **3.PHAPoliciesGoverningEligibility,Selection,andAdmissio ns**

[24CFRPart903.79(c)]

#### **A.PublicHousing**

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesubcomponent  
3A.

#### **(1)Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

☐ When families are within a certain number of being offered a unit: (state number)

☐ When families are within a certain time of being offered a unit: (state time)

X Other: (describe)

**At time of Application**

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

X Criminal or Drug -related activity

X Rental history

X Housekeeping

☐ Other (describe)

c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. X Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

**(2) Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

X Community-wide list

☐ Sub-jurisdictional lists

☐ Site-based waiting lists

☐ Other (describe)

b. Where may interested persons apply for admission to public housing using?

☐ PHA main administrative office

X PHA development site management office

☐ Other (list below)

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously approved site-based waiting list plan)? If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously? If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ A PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- X One  
☐ Two  
☐ Three or More

b. X Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

X Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

X Emergencies

- X Overhoused
- X Underhoused
- X Medical justification
- X Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Household that contribute to meeting income goals (broad range of incomes)
- ☐ Household that contribute to meeting income requirements (targeting )
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.



Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing  
Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA - resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

- ☐ At an annual reexamination and lease renewal
- X Anytime family composition changes

- ☐ At family request for revision  
☐ Other(list)

**(6) Deconcentration and Income Mixing**

a. ☐ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentration of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site -based waiting lists  
 If selected, list targeted developments below:

☐ Employing a waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
 If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments  
 If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing  
☐ Actions to improve the marketability of certain developments  
☐ Adoption or adjustment of ceiling rents for certain developments  
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

☐ Other(list below)

f. Based on the result of the required analysis, in which developments will the PHA make special efforts to attract or retain higher -income families? (select all that apply)

X Not applicable: result of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower -income families? (select all that apply)

X Not applicable: result of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub -component 3B. Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

X Criminal or drug -related activity only to the extent required by law or regulation

☐ Criminal and drug -related activity, more extensively than required by law or regulation

☐ More general screening than criminal and drug -related activity (list factors below)

☐ Other (list below)

b. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. X Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☒ Criminal or drug -related activity  
☐ Other (describe below)

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- ☒ None  
☐ Federal public housing  
☐ Federal moderate rehabilitation  
☐ Federal project -based certificate program  
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

**(3) Search Time**

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below:

**Hard to find Units**

**(4) Admissions Preferences**

a. Income targeting

☒ Yes ☐ No : Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs** )

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability

- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Household that contribute to meeting income goals (broad range of incomes)
- ☐ Household that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special purpose section 8 program administered by the PHA contained? (select all that apply)

- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special program to the public? -purpose section 8

X Through published notices

☐ Other (list below)

#### **4. PHA Rent Determination Policies**

[24CFR Part 903.79(d)]

## A. Public Housing

Exemptions: PHA that do not administer public housing are not required to complete sub 4A. -component

### (1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☒ The PHA will not employ any discretionary rent -setting policies for income based rent in public housing. Income -based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub -component (2))

---or---

☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below :

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:



d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non -reimbursed medical expenses of non -disabled or non -elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- X No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high -rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- X Anytime the family experiences an income increase
- ☐ Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- ☐ Other (list below)

g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ The section 8 rent reasonableness study of comparable housing
- X Survey of rents listed in local newspaper
- X Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☐ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families

☐ Other(list below)

**(2)MinimumRent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
X \$1-\$25  
☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**5. Operations and Management**

[24CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C (2)

### A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1006	81
Section 8 Vouchers	1493	130
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		
S8NC	110	
Other	6	

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

**Admissions and Continued Occupancy Policy**

**Grievance Policy**

**Procurement Policy**

**Lease Policy**

**Disposition Policy**

**Capitalization Policy**

**Investment Policy**

**Pet Policy**

**Travel Policy**

**One Strike Policy**

(2) Section 8 Management: (list below)

**Administrative Plan**

## **6. PHA Grievance Procedures**

[24 CFR Part 903.79(f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8 - Only PHAs are exempt from sub - component 6A.

### A. Public Housing

1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☐ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### B. Section 8 Tenant - Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant - based assistance program and informal hearing procedures for families assisted by the Section 8 tenant - based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## 7. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

## A. Capital Fund Activities

Exemptions from sub -component 7A: PHA that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### (1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **Capital Funds**

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert there)

### (2) Optional 5 -Year Action Plan

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD -52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5 -Year Action Plan for the Capital Fund? (if no, skip to sub -component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) **5 Year Action Plan**

-or-

☐ The Capital Fund Program 5 -Year Action Plan is provided below: (if selected, copy the CFP Optional 5 Year Action Plan from the Table Library and insert here)

## B. HOPE VI and Public Housing Development and Replacement Activities (Non -Capital Fund)



Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☐ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☐ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?
- If yes, list developments or activities below :

- ☐ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

## 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

## **10. Conversion of Public Housing to Tenant -Based Assistance**

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessment of Reasonable Revitalization Pursuant to section 202 of the HUD  
FY1996 HUD Appropriations Act**

1. ☐ Yes ☐ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

**2. Activity Description**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)	

- ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan  
(date submitted or approved: \_\_\_\_\_)
- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

## A. Public Housing

Exemptions from Component 1 1A: Section 8 only PHAs are not required to complete 1

1A.

1. ☐ Yes ☐ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z -4). (If "No", skip to component 1 1B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 1 1B.)

### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:

6. Coverage of action: (select one)

☐ Part of the development

☐ Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26- 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

b. PHA -established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## 12. PHA Community Service and Self-Sufficiency Programs



## A. PHA Coordination with the Welfare (TANF) Agency

### 1. Cooperative agreements:

- ☐ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

### 2. Other coordination efforts between the PHA and TANF Agency (select all that apply)

- ☐ Client referrals
- ☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and program to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

## B. Services and programs offered to residents and participants

### (1) General

#### a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address

the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

## **13. PHA Safety and Crime Prevention Measures**

[24C FR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

### **A. Need for measures to ensure the safety of public housing residents**

#### **1. Describe the need for measures to ensure the safety of public housing residents**

(select all that apply)

- ☐ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower -level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug -related crime
- ☐ Other (describe below)

#### **2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).**

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anti crime/anti drug programs
- ☐ Other (describe below)

#### **3. Which developments are most affected? (list below)**

### **B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year**

#### **1. List the crime prevention activities the PHA has undertaken or plan to undertake:**

(select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime-and/or drug -prevention activities

- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

### C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

### D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?
- ☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## 14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

**PET POLICY.**  
**ADOPTED BY BOARD: 9 -9-99**

PET POLICY FOR FAMILIES OTHER THAN ELDERLY/HANDICAPPED

In order to insure a safe and sanitary environment for all residents and provide for the ownership of pets in assisted housing communities, the following guidelines are established:

PERMIT. Prior to admitting a pet into the family's unit and/or community, the resident head of household must apply for a PET PERMIT. Application for the permit will be submitted to the Housing Management Office on the form provided not less than 30 days prior to introducing the pet into the household.

Tenants who have a history of poor housekeeping habits will NOT be approved for pet ownership and denied a Permit.

The Housing Authority reserves the right to check all references and gather such information deemed necessary to make an informed decision regarding the resident's request for a Permit. This includes, but is not limited to, checking with prior landlords and neighbors, previous pet ownership history and the history of the pet to be obtained by the resident.

If the Housing Authority concludes that granting the Permit would be inappropriate or ill advised, the tenant will not be granted a Permit. In such cases the tenant will be advised, in writing, of the reasons for the denial and may appeal the decision in accordance with the Grievance Procedures adopted by the Housing Authority.

REVOCATION OF A PET PERMIT. The Housing Authority reserves the right to revoke a Pet Permit if the terms of this Policy are violated; excessive damage is being done to the dwelling unit; or housekeeping habits are found to be not acceptable.

Tenants who are currently maintaining pets in their household must request a permit within 30 days of the effective date of this policy.

REQUIREMENTS FOR OBTAINING A PET PERMIT. Each application for a pet permit must contain the following information:

1. Size and type of pet intended for ownership.
2. The anticipated size of the pet at maturity (certified by a veterinarian)  
NOTE: THE MATURE SIZE OF PETS MAY NOT EXCEED 40 LBS.

3. The type of pet, e.g. dog, cat, bird, etc.
4. Breed (if desired pet is a dog) Dogs that are commonly known to have a vicious or aggressive disposition (such as Doberman, Pit Bull, Chow, Rottweiler, etc.) will NOT BE PERMITTED.
5. Age of Pet. Due to age related behavior applications for such very young animals will be more closely reviewed.
6. The name, address, and phone number of one or more responsible persons who will care for the pet if the owner dies, is incapacitated or otherwise unable to care for the pet.

**PET DEPOSIT.** UPON APPROVAL OF THE PET PERMIT, THE RESIDENT WILL PAY \$150 PET DEPOSIT WHICH WILL BE NON -REFUNDABLE. This deposit may be paid over a reasonable time (not to exceed 4 months) upon approval by the Authority. The resident does not have to pay the full deposit prior to acquiring the pet. However, the initial deposit which shall not be less than \$50, must be paid at the time the pet permit is approved. No part of the deposit is refundable once the pet is brought into the dwelling unit.

THIS DEPOSIT DOES NOT LIMIT THE RESIDENT'S LIABILITY FOR DAMAGES THAT OCCUR DUE TO PET OWNERSHIP AND ANY ACTION AVAILABLE TO THE HOUSING AUTHORITY TO RECOUP THE COST OF REPAIRS WILL BE CONSIDERED.

**MANDATORY RULES.** Upon approval of the Pet Permit the resident will agree, in writing, to the following rules:

1. **INOCULATIONS.** The resident will have the pet inoculated in accordance with State and local laws and provide the Housing Authority with evidence of compliance.
2. **SANITARY CONDITIONS.** The resident will be responsible for cleaning and disposal of pet waste inside the apartment and on the grounds of the neighborhood in a timely manner. If, in the opinion of the Housing Authority, it becomes necessary to have the dwelling unit treated for infestation, sanitized, or

carpets/floors cleaned professionally, the resident pet owner will be required to provide evidence of such treatment within 10 days of the date the notification was mailed. If such evidence is not forthcoming, the Housing Authority will arrange for the treatment and bill the resident. The amount will be due and payable immediately.

3. IDENTIFICATION TAGS. Dogs and cats must wear identification tags at all times.

4. PET CARE. The resident will provide at his/her expense reasonable nutrition, grooming, exercise, flea control, routine veterinary care, and all required inoculations.

5. HOUSE KEEPING. The resident pet owner will be subject to the housekeeping standards required of all residents, AT ALL TIMES. NO CONSIDERATION WILL BE GIVEN TO UNACCEPTABLE HOUSE KEEPING DUE TO PET OWNERSHIP.

6. DAMAGES. Any damage to the interior or exterior of the resident pet owner's assigned dwelling unit will be the responsibility of the resident pet owner. Damage to other Housing Authority property or other residents' property will be the responsibility of the resident pet owner if caused by the resident's pet. Repeated occurrences could result in cancellation of the resident's Pet Permit, or in certain cases, termination of the resident's lease.

7. PET SUPERVISION. Pets are NOT to be left outside the dwelling unit tied to any structure or porch without supervision. Pets are not to be tied to trees, shrubs, electrical wires, cables or other fixtures at any time.



8. LAUNDRY ROOM. Pet blankets or other such materials are NOT allowed to be washed/dried in the Authority's laundry room for hygienic reasons.
9. EXERCISE AREAS. There are not designated exercise areas except for the streets within the community. Any waste deposited by pets while utilizing the streets for exercising must be immediately disposed of in a plastic bag and placed in one of the community's dumpsters.
10. RESIDENTS SHALL NOT BUILD OR OTHERWISE ALTER THE INTERIOR OR EXTERIOR OF THEIR DWELLING UNIT TO CREATE AN ENCLOSURE FOR THEIR PET.
11. RESTRAINT. Residents will restrain their animals at all times when outside the dwelling unit and on Housing Authority property. Residents should become aware of any local leash laws and act accordingly.
12. LITTER BOXES. Residents must provide, keep clean and odor free, litter boxes in their dwelling unit in cases involving cats or other pets which require litter boxes.
13. INSPECTIONS. Pet owners must agree to inspections NOT LESS THAN quarterly to insure compliance with this policy. If there is a reasonable basis to believe that the resident is not complying with this policy, an inspection will be scheduled for as soon as possible.
14. NUMBER/TYPES OF PETS. No resident will be allowed to have more than one common household pet, EXCEPT, a maximum of two birds or an aquarium with a maximum 20 gallon capacity is permitted.  
  
Allowable pets do NOT include:
  - Reptiles
  - Birds of Prey
  - Animals that would commonly be considered wild or dangerous

- Animalsthatcannotbecontrolledbyleash,petcarrierorcage
- Animals of any species which endanger the health, safety or the rights of other residents.
- Any animal that is NOT considered to be a common household pet by the Housing Authority.

15. SPAYING/NEUTERING. All female dogs over the age of 6 months, and all female cats over the age of 5 months, must be spayed. All male dogs over the age of 8 months, and all male cats over the age of 10 months, must be neutered, unless health problems prevent these procedures.

Any deviation from this requirement must be supported by a statement from a veterinarian licensed to practice in this state. In the event a pet gives birth to a litter, the resident must take IMMEDIATE steps to reduce the number of pets to the maximum, as stated in this policy.

16. INSURANCE. Resident pet owners shall purchase a personal liability insurance policy which shall be the primary policy in the event of a loss related to the resident's negligence. Any such insurance shall name the Fayetteville Metropolitan Housing Authority as "additional insured" and shall indemnify FMHA against pet -related litigation and attorney fees.

REGISTRATION AND RENEWAL OF PET PERMIT. Residents who have received approval of their application for a Pet Permit, shall register their pet with the Housing Management Office PRIOR to bringing the pet onto Housing Authority property. The following documents are required and will be maintained in the Resident's file:

1. A color photo and description of the pet.
2. Name, address and telephone number of the attending veterinarian.
3. Veterinarian's certificate(s) of spaying, neutering, inoculations (rabies, distemper-

other per combination, parvo virus, feline leukemia testing, feline VRC, and applicable inoculations.)

4. Dog licensing certificates.
5. Names, addresses and telephone numbers of the alternate adult caretakers who will assume responsibility for the pet if the owner becomes incapable of doing so.
6. Provisions for emergency boarding.
7. Name of adult ultimately responsible for the pet.

TEMPORARY CHANGES. The Resident Pet Owner will promptly notify Housing Management if the pet is temporarily placed with another family, providing the name, address and telephone number of the family receiving the pet.

ONLY PETS CLASSIFIED AS "COMMON HOUSEHOLD PETS" WILL BE PERMITTED IN ASSISTED HOUSING UNITS. EACH APPLICATION WILL BE REVIEWED INDEPENDENTLY AND DECIDED UPON ON ITS OWN MERITS. THE FINAL DECISION RESTS WITH THE HOUSING AUTHORITY AND THE BEST INTEREST OF THE MAJORITY OF THE RESIDENTS WILL NORMALLY BE THE DETERMINING FACTOR.

RESIDENTS FOUND TO BE IN NON-COMPLIANCE WITH ANY PROVISION OF THIS POLICY ARE SUBJECT TO CANCELLATION OF THEIR PET PERMIT. IN EXTREME CASES, TERMINATION OF THE RESIDENT'S LEASE IS POSSIBLE.

EFFECTIVE THIS \_\_\_\_ DAY OF \_\_\_\_\_, 1999.

## **APPLICATION FOR PET PERMIT**

I, \_\_\_\_\_, resident of the  
Fayetteville Metropolitan Housing Authority and residing at  
\_\_\_\_\_,  
and having been provided with a copy of the PET POLICY, and having the Policy  
explained to me, request that I be allowed to bring a pet into my dwelling unit.

I hereby apply for a Pet Permit and agree to abide by the terms and conditions of the  
PET POLICY and acknowledge receipt of a copy of that policy. The following  
information is submitted in connection with this request:

1. Type of pet (dog, cat, bird, etc.)  
\_\_\_\_\_
2. Size (weight) \_\_\_\_\_
3. A color photo and other identification data \_\_\_\_\_
4. Veterinary certificates including:  
spaying/neutering - \_\_\_\_\_  
rabies - \_\_\_\_\_  
distemper combination - \_\_\_\_\_  
parvovirus - \_\_\_\_\_  
feline leukemia test - \_\_\_\_\_  
feline VRC - \_\_\_\_\_  
other applicable inoculations (list)  
\_\_\_\_\_
5. Current license(s) certificates in compliance with State and local laws  
and ordinances  
(List) \_\_\_\_\_
6. Alternate caretaker:  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

The Alternate Caretaker must agree, in writing, to assume the  
responsibility of the pet if called upon to do so. See below statement of agreement.

7. Information regarding emergency boarding accommodations:

Name \_\_\_\_\_ of  
facility: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

8. Information regarding short term ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Veterinarian's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

IDO HEREBY ACCEPT ULTIMATE RESPONSIBILITY FOR THE PET LISTED  
IN ITEMS 1 - 9 ABOVE.

RESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE  
CARETAKER: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL RESULT  
IN DISAPPROVAL OF THIS REQUEST .**

# PET PERMIT

BASED ON THE INFORMATION AND CERTIFICATIONS PROVIDED BY THE  
BELOW NAMED RESIDENT, AND HAVING RECEIVED \$ \_\_\_\_\_  
WHICH IS DESIGNATED AS \_\_\_\_ FULL OR \_\_\_\_ PARTIAL PAYMENT OF THE  
NON-REFUNDABLE PET DEPOSIT, PERMISSION IS HEREBY GRANTED TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TO PROVIDE ACCOMMODATIONS FOR THE PET DESCRIBED IN THE  
APPLICATION FOR A PET PERMIT UNTIL SUCH TIME AS THIS PERMIT IS  
REVOKED IN ACCORDANCE WITH THE PROVISIONS OF THE PET POLICY,  
A COPY OF WHICH HAS BEEN PROVIDED THE RESIDENT.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE FMHA OFFICIAL  
DATE

TITLE

## 15. Civil Rights Certifications

[24CFRPart903.7 9(o)]

CivilrightscertificationsareincludedinthePHAPlanCertificationsofCompliance  
withthePHAPlansandRelatedRegulations.

## **16.FiscalAudit**

[24CFRPart903.79(p)]

1. ☒ Yes ☐ No: Is the ePHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)? \_\_\_\_\_



## **17.PHA Asset Management**

[24CFR Part 903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.  
High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24CFR Part 903.79 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
☐ Attached at Attachment (Filename)  
☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)  
☐ Considered comments, but determined that no changes to the PHA Plan were necessary.  
☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
☐ Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☐ No: Was there a resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### **3. Description of Resident Election Process**

##### **a. Nomination of candidates for place on the ballot: (select all that apply)**

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

##### **b. Eligible candidates: (select one)**

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance

- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: ( **State of North Carolina** )

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)  
**To provide housing to eligible residents that is safe, sanitary and decent in an affordable manner to meet the prospective resident's needs.**

☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)  
**To assist eligible prospective residents to obtain safe, sanitary and decent housing which is affordable and assist prospective residents with self-sufficiency.**

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

**Resident Advisory Board Members**

Lesha Polen

Rosa Jones

Wanda McGee

Katrina Jones

Cynthia Powell

Teresa Powell

Deborah Johnson

Laretta Robinson

Ellen McDonald

**Resident Representative to the Board of Commissioners**

Mrs. Irma Young

Term Expires in 2005

**Members of the Board of Commissioners****Name****Term Expiration**

Calvin P. Poole, Jr. Chairman

9-5-06

Margaret Stanton, Vice Chairman

9-5-04

Tommy Bolton

9-5-03

Joyce Tucker

9-5-07

Irma Young

9-5-05

**MAYOR OF FAYETTEVILLE, NORTH CAROLINA**

Marshall B. Pitts, Jr.

Election Date: November 2001

**ATTACHMENTS:**

# Fayetteville Metropolitan Housing Authority

## Income Targeting and Tenant Selection and Assignment

(Section –513)

The primary goals of this policy are to:

- 1- Prohibition of concentration of low -income families in public housing and
- 2- Income targeting.

The Fayetteville Metropolitan Housing Authority may not concentrate very low - income families in public housing units in certain public housing projects or certain buildings within projects. The Fayetteville Metropolitan Housing Authority will submit with its annual PHA plan an admission policy designed to provide for deconcentration of poverty and income -mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. The Fayetteville Metropolitan Housing Authority may offer incentives for eligible families having higher income to occupy dwelling units in projects predominantly occupied by eligible families having lower incomes and provide for occupancy of eligible families having lower incomes in projects predominantly occupied by eligible families having higher incomes. The skipping of a family on the waiting list to reach another family to implement deconcentration will be utilized as permitted by HUD. This policy will not interfere with the use of site -based waiting list.

Not less than 40% of new families will have incomes at or below 30% of the area median income.

Other admissions will be at or below 80% of the area median income.

Fundability will be allowed only to the extent that relatively higher income families move into public housing units in census tracts having a poverty rate of at least 30%.

**This Income Targeting and Tenant Selection and Assignment Policy is in accordance with the Summary of the Q.H.W.R.A. of 1998 as prepared by the Office of Policy, Program and Legislation Initiatives and is established for the Fayetteville Metropolitan Housing Authority, by action of the Board of Commissioners.**

## **Fayetteville Metropolitan Housing Authority Policy for the Implementation of Community Service and Self-Sufficiency Requirements**

The Fayetteville Metropolitan Housing Authority, to meet the Community Service requirements, offers the Public Housing Resident an opportunity to contribute to the community that supports them.

The community service opportunities, or locations, will include but are not limited to: within the jurisdiction; activities to improve the physical environment of the resident's development; volunteer work in local schools, hospitals, child care centers or approved non-profit social service agencies. No resident will perform community service with any political affiliation or activities.

**The PHA can administer its own community service program, form a cooperative relationship with other entities in order to make opportunities available for residents, or contract the entire community service program to a third party. The PHA retains full authority and responsibility to assure contract compliance, should the program be contracted to a third party. Should a for-profit, third party be utilized, the PHA should ensure that the administration that oversees the program does not have a financial interest in the entity, where community service participants are assigned.**

The PHA will, to the extent possible, attempt to ensure that the conditions under which the work is to be performed are not otherwise hazardous, that the work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property service, or that the work is otherwise unacceptable.

Should the PHA have a self-sufficiency program, the self-sufficiency program activities may, if acceptable, be substituted for the community service requirements.

## **Fayetteville Metropolitan Housing Authority Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Fayetteville Metropolitan Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to “Substantial Deviation” and “Significant Amendment or Modification,” offers the following:

- A. A substantial deviation from its Five -Year Plan; and a significant amendment or modification to its Five -Year Plan and Annual Plan.
- B. Change to rent or admissions policies or organization of the waiting list.
- C. Addition of non -emergency work items (items not included in the current Annual Statement or 5 -Year Action Plan ) or change in use of replacement reserve funds under the Capital Fund.
- D. Addition of new activities not included in the current PHDEP Plan.
- E. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five -Year Plan that cause changes in the services provided to residents or significant changes to the Agency’s financial situation will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

### Component 3,(6) Deconcentration and Income Mixing

- a. Yes Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. No Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

#### Deconcentration Policy for covered Developments

Development Name	Number of Units	Explanation (if any)	Deconcentration Policy (if no explanation)

#### Voluntary Conversion Initial Assessment

- a. How many of the PHA's developments are subject to the Required initial Assessment.



*All*

**b. How many of the PHA's development s are not subject to the Required Initial Assessment.**

*None*

**a. How many Assessments were conducted**

*All Developments*

**b. Identify PHA developments that may be appropriate for conversion.**

*None*

**e. PHA complete all assessments.**

***Certification Procedures for Voluntary Conversion of Developments  
from Public Housing Stock***

**The certifier has reviewed the development's operation as Public Housing, considered the implications of converting the public housing to tenant-based assistance; and concluded that conversion of the developments are inappropriate because removal of the developments would not meet the necessary conditions for voluntary conversion as described in 24 CFR 972.200 (c).**

*Donald R. Sherrill*

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Executive Director

## **MISSION&GOALSTATEMENT**

TheFayettevilleMetropolitanHousingAuthorityismeetingtheMissionandgoalsoftheannualplan.

**STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN DATED**

The Fayetteville Metropolitan Housing Authority is consistent with the Consolidated Plan of the  
Jurisdiction as evidenced by the execution of HUD form 50075 CFR Part 91.

# **Annual Statement/Performance and Evaluation Report** **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> Fayetteville Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-02 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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☐ Original Annual Statement
 ☐ Reserve for Disasters/Emergencies
 ☐ Revised Annual Statement (revision no: )
 ☒ Performance and Evaluation Report for Period Ending: 3/31/03
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	180,000.00	366,554.00	0	0
3	1408 Management Improvements	0	144,000.00	0	0
4	1410 Administration	187,000.00	183,277.00	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	70,000.00	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00	30,000.00	0	0
10	1460 Dwelling Structures	815,770.00	268,939.00	0	0
11	1465.1 Dwelling Equipment — Nonexpendable	20,000.00	30,000.00	13,345.20	13,345.20
12	1470 Non Dwelling Structures	500,000.00	680,000.00	0	0
13	1475 Non Dwelling Equipment	60,000.00	60,000.00	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$1,832,770.00</b>	<b>1,832,770.00</b>	<b>13,345.20</b>	<b>13,345.20</b>

# **Annual Statement/Performance and Evaluation Report** **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b>  Fayetteville Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-02 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2002
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☐ Original Annual Statement
 ☐ Reserve for Disasters/Emergencies
 ☐ Revised Annual Statement (revision no: )

☒ Performance and Evaluation Report for Period Ending: 3/31/03
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -02</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC9 -5	Replace Exterior Doors	1460	32	0	19,558.00	0	0	Incomplete
	Kitchen Renovations	1460	32	0	69,216.00	0	0	Incomplete
	Replace Interior Bi-fold Doors	1460	30	0	10,000.00	0	0	Incomplete
PHAWide	Vacancy Reduction/Interior Rehab	1460	140	200,000.00	170,165.00	0	0	Incomplete
PHAWide	Erosion Control	1450		30,000.00	30,000.00	0	0	Incomplete
PHAWide	Replace Hot Water Heaters	1460	250	100,000.00	0	0	0	
PHAWide	Floor Repairs	1460	100	300,000.00	0	0	0	
PHAWide	Unit Interior Painting	1460	150	180,770.00	0	0	0	
NC9 -13	Reshingle Roofs	1460	15	35,000.00	0	0	0	
PHAWide	<b>OPERATIONS</b> a. Pest Control b. Insurance Cost c. Safety/Security Activity	1406		0 0 180,000.00	29,000.00 337,554.00 0	0 0 0	0 0 0	Incomplete Incomplete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -02</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	<b>MANAGEMENT IMPROVEMENTS</b> a. Safety/Security Activity	1408		<b>0</b>	144,000.00	0	0	Incomplete
PHAWide	<b>ADMINISTRATION</b> a. Non-technical Salaries b. Fringe Benefits c. Staff Travel	1410		131,000.00 55,000.00 1,000.00	141,000.00 41,277.00 1,000.00	0 0 0	0 0 0	Incomplete Incomplete Incomplete
PHAWide	<b>FEES &amp; COSTS</b> a. Consultant/Engineering Fees	1430		40,000.00	70,000.00	0	0	Incomplete
PHAWide	<b>DWELLING EQUIPMENT;</b> a. Appliances	1465		20,000.00	30,000.00	13,345.20	13,345.20	Incomplete
PHAWide	<b>NON-DWELLING STRUCTURE</b> a. Office/Maintenance Facility	1470		500,000.00	680,000.00	0	0	Incomplete
PHAWide	<b>NON-DWELLING EQUIPMENT</b> a. Office Equipment/Furnishings b. Maintenance Equipment	1475		30,000.00 30,000.00	30,000.00 30,000.00	0 0	0 0	Incomplete Incomplete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -02</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>GRAND TOTAL</b>			<b>\$1,832,770.0</b>	<b>1,832,770.00</b>	<b>13,345.20</b>	<b>13,345.20</b>	



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

# **Annual Statement/Performance and Evaluation Report** **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b>  Fayetteville Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-01 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2001
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☐ Original Annual Statement  
☐ Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 2 )  
 X Performance and Evaluation Report for Period Ending: 3/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	170,000.00	374,524.00	113,902.00	113,902.00
3	1408 Management Improvements Soft Cost Management Improvements Hard Cost	0	110,000.00	0	0
4	1410 Administration	187,000.00	187,000.00	121,710.64	121,710.64
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	4,260.00	4,260.00	4,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	55,000.00	775.00	775.00	775.00
10	1460 Dwelling Structures	980,622.00	1,193,754.53	1,081,269.87	838,586.32
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non dwelling Structures	400,000.00	0	0	0
13	1475 Non dwelling Equipment	40,000.00	2,308.47	2,308.47	812.61
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b>  Fayetteville Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-01 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2001
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☐ Original Annual Statement  
☒ Performance and Evaluation Report for Period Ending: 3/31/03  
☐ Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 2 )  
☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$1,872,622.00	\$1,872,622.00	1,324,225.98	1,079,786.57
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -01</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC -9-4	Replace Heat Systems	1460	194	350,000.00	350,000.00	0	0	
NC-9-3/7	Window Installation	1460	66	0	115,236.00	115,236.00	0	Incomplete
NC-9-10	Kitchen Renovation	1460	95	0	281,598.00	281,598.00	235,433.82	Incomplete
	Exterior Door Replacement	1460	100	0	72,088.00	72,088.00	0	Incomplete
NC9 -13	Bathroom Renovations	1460	50	100,000.00	0	0	0	Incomplete
	Floor Repairs	1460	50	125,000.00	0	0	0	
	Plumbing Repairs	1460	15	40,000.00	37,602.00	37,602.00	31,500.00	
	Electrical Upgrade	1460	20	60,000.00	0	0	0	
	Replace Heat Systems	1460	30	140,622.00	6,150.50	6,150.50	6,150.50	
	Security Fencing	1450	20	25,000.00	0	0	0	
PHA Wide	Vacancy Reduction/Interior Rehab	1460	250	165,000.00	345,108.66	252,624.00	252,624.00	Incomplete
PHA Wide	Erosion Control	1450	25	30,000.00	775.00	775.00	775.00	Complete
PHA Wide	Security Window Screens	1460	262	0	223,632.73	223,632.73	220,702.00	Incomplete
PHA-Wide	Security Screen Doors	1460	230	0	92,338.64	92,338.64	92,176.00	Incomplete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -01</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Heat System Replacement	1460	5	0	20,000.00	0	0	Incomplete
PHA Wide	<b>OPERATIONS</b> a. Safety/Security Activity b. Insurance Costs c. Pest Control Costs	1406		170,000.00 0 0	0 347,743.00 26,781.00	0 100,000.00 13,902.00	0 100,000.00 13,902.00	Incomplete Incomplete Incomplete
PHA Wide	<b>MANAGEMENT IMPROVEMENT;</b> a. Safety/Security Activity	1408		0	110,000.00	0	0	Incomplete
PHA Wide	<b>ADMINISTRATION</b> a. Non-technical Salaries b. Fringe Benefits c. Staff Travel	1410		131,000.00 55,000.00 1,000.00	142,250.00 44,100.00 650.00	92,562.56 28,748.92 399.16	92,562.56 28,748.92 399.16	Incomplete Incomplete Incomplete
PHA Wide	<b>FEES &amp; COSTS</b> a. Consultant Fees	1430		40,000.00	4,260.00	4,260.00	4,000.00	Incomplete
PHA Wide	<b>NON-DWELLING STRUCTURES</b> a. Office/Maintenance Facility	1470		400,000.00	0	0	0	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>Fayetteville Metropolitan Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>NC19P009501 -01</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	<b>NON-DWELLING EQUIPMENT</b> a. Office Equipment/Furnishings	1475		40,000.00	2,308.47	2,308.47	812.61	Incomplete
	<b>GRAND TOTAL</b>			<b>\$1,872,622.</b>	<b>\$1,872,622.</b>	<b>1,324,225.98</b>	<b>1,079,786.57</b>	

## PartIII:ImplementationSchedule

[illegible]

# **Annual Statement/Performance and Evaluation Report** **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> Fayetteville Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-03 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
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☒ **Original Annual Statement**
☐ **Reserve for Disasters/Emergencies**
☐ **Revised Annual Statement (revision no: )**  
☐ **Performance and Evaluation Report for Period Ending:**
☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	366,554.00			
3	1408 Management Improvements	144,000.00			
4	1410 Administration	183,277.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	718,939.00			
11	1465.1 Dwelling Equipment — Nonexpendable	30,000.00			
12	1470 Non-dwelling Structures	300,000.00			
13	1475 Non-dwelling Equipment	30,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b>  Fayetteville Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: NC19P009501-03 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2003	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,832,770.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>FayettevilleMetropoli tanHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram#: <b>NC19P009501 -03</b> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <b>2003</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status Propos Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	<b>DWELLINGSTRUCTURES:</b> a. VacancyReductio n/InteriorRehab b. HeatSystemRepair/Replacement c. FloorRepair d. ElectricalUpgrade e. PlumbingUpgrade	1460	300 25 20 15 15	400,000.00 100,000.00 100,000.00 59,470.00 59,469.00				
PHA-Wide	<b>OPERATION:</b> a. PestControlCosts b. InsuranceCosts	1406		29,000.00 337,554.00				
PHA-Wide	<b>MANAGEMENTIMPROVEMENTS</b> a.Safety/SecurityActivity	1408		144,000.00				
PHA-Wide	<b>ADMINISTRATION:</b> a. Non-TechnicalSalaries b. FringeBemefits c. StaffTravel	1410		141,000.00 41,277.00 1,000.00				
PHA-Wide	<b>FEES&amp;COSTS;</b> a.Consultant/EngineeringFees	1430		40,000.00				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>FayettevilleMetropoli tanHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram#: <b>NC19P009501 -03</b> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <b>2003</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status Propos Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	<b>SITEIMPROVEMENTS:</b> a.erosionControl	1450		20,000.00				
PHA-Wide	<b>DWELLINGEQUIPMENT:</b> a.Appliances	1465		30,000.00				
PHA-Wide	<b>NON-DWELLINGSTRUCTURES:</b> a.OfficeFacility	1470		300,000.00				
PHA-Wide	<b>NON-DWELLINGEQUIPMENT:</b> a. OfficeEquipment/Furnishing b. MaintenanceEquipment	1475		15,000.00 15,000.00				
	<b>Total</b>			<b>1,832,770.00</b>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>FayettevilleMetropoli</b> tanHousingAuthority		GrantTypeandNumber CapitalFundProgram#: <b>NC19P009501 -03</b> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <b>2003</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status Propos Work
				Original	Revised	Funds Obligated	Funds Expended	
	a.							

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

**Capital Fund Program Five - Year Action Plan**  
**Part I: Summary**

PHA Name <b>Fayetteville Metropolitan          Housing Authority</b>				X <b>Original 5 - Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA- Wide	Year 1 2003	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2007
	<b>Annual Statement</b>				
PHA-Wide		1,832,770.00	1,832,770.00	1,009,000.00	1,040,918.00
NC09-1 Groveview Terrace II		0	0	823,770.00	791,852.00
Total CFP Funds (est)		1,832,770.00	1,832,770.00	1,832,770.00	1,832,770.00
Total Replacement Housing Factor Funds					

**Capital Fund Program Five - Year Action Plan**  
**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2005		
See	Operations	1406	366,000.00	Operations	1406	366,000.00
	Management Improvements	1408	150,000.00	Management Improvements	1408	150,000.00
	Administration	1410	183,000.00	Administration	1410	183,000.00
	Fees & Cost	1430	30,000.00	Fees & Cost	1430	30,000.00
	Site Improvements	1450		Site Improvements	1450	
	a. Erosion Control		100,000.00	a. Erosion Control		50,000.00
	b. Street Repairs		200,000.00	b. Street Repairs		300,000.00
	Dwelling Structures	1460		Dwelling Structures	1460	
	a. Vacancy Reduction		250,000.00	a. Vacancy Reduction		250,000.00
	b. Interior Painting		132,972.00	b. Interior Painting		66,486.00
	c. Floor Repairs		150,000.00	c. Floor Repairs		150,000.00
	d. Heat System Repairs		200,000.00	d. Heat System Repairs		200,000.00
	e. Plumbing Upgrades		30,798.00	e. Plumbing Repairs		47,284.00
	Non-Dwelling Structures	1470	10,000.00	Non-Dwelling Structures	1740	10,000.00
	Non-Dwelling Equipment	1475	30,000.00	Non-Dwelling Equipment	1475	30,000.00
Annual						
Schedule						
	<b>TOTAL</b>		<b>1,832,770.00</b>	<b>TOTAL</b>		<b>1,832,770.00</b>

## CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities

[illegible]





## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

**PHAPlan  
TableLibrary**